

PART B - FEE(S) TRANSMITTAL

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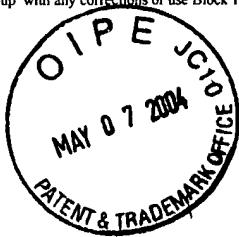
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32588 7590 02/04/2004

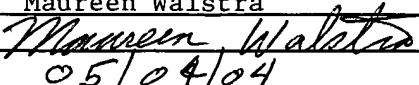
APPLIED MATERIALS, INC.
2881 SCOTT BLVD. M/S 2061
SANTA CLARA, CA 95050



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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Maureen Walstra	(Depositor's name)
	
(Signature)	
05/04/04	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/006,187	12/06/2001	Reginald W. Hunter	AMAT/5970.03/CPES/CORE	8852 EN

TITLE OF INVENTION: FACTORY INTERFACE PARTICLE REMOVAL PLATFORM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1330	\$300	\$1630	05/04/2004
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EXAMINER	ART UNIT	CLASS-SUBCLASS
TILL, TERRENCE R	1744	015-306100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Moser, Patterson & Sheridan, LLP

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

APPLIED MATERIALS, INC.

Santa Clara, California

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1074 (enclose an extra copy of this form).

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(Authorized Signature) (Date)

Robert W. Murray, Reg. No. 25,436 05/04/04

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05/10/2004 HAL122	0000049	501074	10006187
01 FC:1501	1330.00	DA	
02 FC:1504	300.00	DA	
03 FC:8001	6.00	DA	

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